

RENEWAL APPLICATION
CERTIFIED MENTOR FACULTY TRAINERS

Please Print

Full Name:	SS#
Educators License #:	Expiration Date of License:
Date you completed the program:	

You must have participated in a minimum of two (2) of the following activities to be eligible to renew your certification as a mentor faculty trainer. Please check all that apply and submit any required documentation.

IN THE LAST FIVE (5) YEARS HAVE YOU		
Please mark the appropriate box:	YES	NO
1. Mentored a beginning teacher who was enrolled in the internship program or the IMAP program?		
If Yes , state the school year(s) served as a mentor.		
If Yes , list the beginning teacher(s).		
2. Attended portfolio scorer training?		
If Yes , list the year(s) attended and content area.		
3. Facilitated a state approved mentor program?		
If Yes , Name of program(s).		
If Yes , Year(s) facilitated the program.		
4. Assisted with the training during a state approved mentor program?		
If Yes , Name of program(s).		
If Yes , Year(s) assisted with the program.		
5. Submitted a professional growth plan for renewal?		
If Yes - Year of professional growth plan submission.		
6. Have you participated in other professional development experiences related to your role as a mentor faculty trainer?		
If Yes , Please submit documentation of professional development experiences		

Attestation by the applicant:

I attest that the above information is true and accurate to the best of my knowledge:

Printed Signature:	Date:
Signature:	

Please submit this form and a copy of your mentor certificate to:

Rose Miller
Department of Education
Office of Educator Licensing and Development
101 W. Ohio Street, Suite 300
Indianapolis, IN 46204